

State of Indiana

C o u n t y o f

In The _____ *Court*

_____)	
_____)	
(Plaintiff))	
VS)	Case No. _____
_____)	
_____)	
(Defendant))	

MOTION TO DISMISS CASE

Comes now *(Plaintiff) (Defendant) (circle one)* in the above captioned case and requests that the case be dismissed.

DATE _____

Signature of Attorney or Pro Se Party

(Printed/Typed Name)

Attorney Number

Address

Certificate of Service

The undersigned hereby certifies that, on _____, a copy of the foregoing *Motion to Dismiss Case* was deposited in the United States Mail, postage paid, addressed to:

(Indicate name and address where motion was served)

State of Indiana

County of _____

In The _____ *Court*

_____)	
_____)	
_____)	
(Plaintiff))	
)	
VS)	Case No. _____
)	
_____)	
)	
_____)	
(Defendant))	

**MOTION TO DISMISS
PROCEEDING SUPPLEMENTAL**

Comes now *(Plaintiff) (Defendant) (circle one)* in the above captioned case and requests that the Proceeding Supplemental be dismissed.

DATE _____

Signature of Attorney or Pro Se Party

(Printed/Typed Name)

Attorney Number

Address

Certificate of Service

The undersigned hereby certifies that, on _____, a copy of the foregoing *Motion to Dismiss Proceeding Supplemental* was deposited in the United States Mail, postage paid, addressed to:

(Indicate name and address where motion was served)

